

# GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF HEALTH  
HEALTH PROFESSIONAL LICENSING ADMINISTRATION



## BOARD OF MEDICINE

### CHARACTER REFERENCE FORM

Re: \_\_\_\_\_

Dear Madam/Sir:

The applicant whose name appears above has applied for a license to practice medicine/ osteopathy in the District of Columbia. In order to assist the Board in evaluating this applicant, we would appreciate you providing the following information. Any additional remarks may be added on the back of this form or if needed, on a separate sheet of paper. After completing this form to the best of your ability, please return the form to the Department of Health, Health Professional Licensing Administration, DC Board of Medicine, 717 14th Street NW, 6<sup>th</sup> Floor, Washington, DC 20005, or give it to the applicant in a sealed envelope preprinted with your return address or the address of your organization. Your prompt reply will enable the Board to consider this individual's application in a timely manner.

#### 1. Please evaluate Applicant's performance (Please indicate with check):

	N/A *	POOR	FAIR	GOOD	SUPERIOR
Professional knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethical/professional conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest in work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to communicate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Unable to evaluate

#### 2. Recommendation (Please indicate with check):

1. Recommend highly without reservation ☐
2. Recommend as qualified and competent ☐
3. Recommend with some reservation (explain) ☐
4. Do not recommend (explain) ☐

#### 3. This evaluation is based on (Please indicate with check):

1. Close personal observation ☐
2. General impression ☐
3. A composite of evaluations ☐
4. Other (Please specify) ☐

(over)

**4. Relationship to applicant (Please indicate with check):**

- |                           |                          |
|---------------------------|--------------------------|
| 1. Program Director       | <input type="checkbox"/> |
| 2. Immediate Supervisor   | <input type="checkbox"/> |
| 3. Other (Please specify) | <input type="checkbox"/> |

**5. Additional Comments:**

\_\_\_\_\_  
Please print or type name of Evaluator

\_\_\_\_\_  
Signature of Evaluator

\_\_\_\_\_  
Title of Evaluator

\_\_\_\_\_  
Date